

Postage Statement — Standard Mail Subject to Surcharge

Permit Imprint

Use this form *only* for letters subject to the nonmachinable surcharge and pieces subject to the residual shape surcharge. Use Form 3602-R for all other letters and flats.

Mailer Information	Permit Holder's Name and Address, and Email If Any		Telephone		Name and Address of Mailing Agent (If other than permit holder)		Telephone		Name and Address of Individual or Organization for Which Mailing Is Prepared (If other than permit holder)	
	CAPS Cust. Ref. ID _____		Dun & Bradstreet No. _____		Dun & Bradstreet No. _____		Dun & Bradstreet No. _____			
Mailing Info.	Post Office of Mailing		Processing Category (DMM C050)		Mailing Date		Federal Agency Cost Code		Statement Seq. No.	
	Permit No.		<input type="checkbox"/> Letters <input type="checkbox"/> Machinable Parcels <input type="checkbox"/> Irregular Parcels		Weight of a Single Piece 0 . _____ pound				Total Pieces	
	For Mail Enclosed Within Another Class		<input type="checkbox"/> Periodicals <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post		If Sacked, Based on <input type="checkbox"/> 125 pcs. <input type="checkbox"/> 15 lbs. <input type="checkbox"/> both				Total Weight	
			For Enhanced Carrier Route Rate Pieces, Enter Date of Address Matching and Coding (DMM A950.3.0) ____ / ____ / ____				For Enhanced Carrier Route Rate Pieces, Enter Date of Carrier Route Sequencing (DMM M050.4.0) ____ / ____ / ____			
Postage Computation (DMM P013)	For Presorted Letters						Total From Part E (On reverse)			
	For Presorted Nonletters (3.3 oz. or less)						Total From Part F (On reverse)			
	For Presorted Nonletters (More than 3.3 oz.)						Total From Part G (On reverse)			
	For Enhanced Carrier Route Nonletters (3.3 oz. or less)						Total From Part H (On reverse)			
	For Enhanced Carrier Route Nonletters (More than 3.3 oz.)						Total From Part I (On reverse)			
	For Special Services Fees (3/5 and Basic rate parcels only)						Total From Attached Form 3540-S			
	Postmaster: Report total postage in AIC 130.						Total Postage (Add lines above) →			
	For USPS Use Only: Additional Postage Payment (State reason)									
Certification	<p>The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control.</p> <p>The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the rates and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation.</p> <p>I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.</p>									
	Signature of Mailer or Agent				Name of Mailer or Agent				Telephone	
USPS Use Only	Weight of a Single Piece 0 . _____ pound		Are figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	Total Pieces		Total Weight		If "Yes," Reason					
	Total Postage								Round Stamp (Required)	
	Check One <input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled		Date Mailer Notified		Contact		By (Initials)			
	I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rates claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of required annual fee.									
	Verifying Employee's Signature			Verifying Employee's Name			Time AM PM			

Standard Mail Subject to Surcharge — Permit Imprint

Entry Discount	Presort Discount	Rate	Number of Pieces / Pounds	Total	Entry Discount	Presort Discount	Rate	Number of Pieces / Pounds	Total
E Presorted Letter Rates — Pieces 3.3 oz. (0.2063 lb.) or Less <i>Rates include \$.040 nonmachinable surcharge.</i>					H ECR Nonletter Rates — Pieces 3.3 oz. (0.2063 lb.) or Less <i>Rates include \$.200 residual shape surcharge.</i>				
None	E1. 3/5	.288 x	_____ pcs. = \$		None	H1. Saturation	.360 x	_____ pcs. = \$	
	E2. Basic	.308 x	_____ pcs. = \$			H2. High Density	.369 x	_____ pcs. = \$	
DBMC	E3. 3/5	.267 x	_____ pcs. = \$			H3. Basic	.394 x	_____ pcs. = \$	
	E4. Basic	.287 x	_____ pcs. = \$		DBMC	H4. Saturation	.339 x	_____ pcs. = \$	
DSCF	E5. 3/5	.262 x	_____ pcs. = \$			H5. High Density	.348 x	_____ pcs. = \$	
	E6. Basic	.282 x	_____ pcs. = \$			H6. Basic	.373 x	_____ pcs. = \$	
Total — Part E (Carry to front of form) \$ _____					Total — Part H (Carry to front of form) \$ _____				
F Presorted Nonletter Rates — Pieces 3.3 oz. (0.2063 lb.) or Less <i>Rates include \$.230 residual shape surcharge.</i>					I ECR Nonletter Rates — Pieces More Than 3.3 oz. (0.2063 lb.) <i>Piece rates include \$.200 residual shape surcharge.</i>				
None	F1. 3/5	.518 x	_____ pcs. = \$		None	I1. Saturation	.234 x	_____ pcs. = \$	
	F2. Basic	.574 x	_____ pcs. = \$			plus	.610 x	_____ lbs. = \$	
DBMC	F3. 3/5	.497 x	_____ pcs. = \$			I2. High Density	.243 x	_____ pcs. = \$	
	F4. Basic	.553 x	_____ pcs. = \$			plus	.610 x	_____ lbs. = \$	
DSCF	F5. 3/5	.492 x	_____ pcs. = \$			I3. Basic	.268 x	_____ pcs. = \$	
	F6. Basic	.548 x	_____ pcs. = \$			plus	.610 x	_____ lbs. = \$	
Total — Part F (Carry to front of form) \$ _____					Total — Part I (Carry to front of form) \$ _____				
G Presorted Nonletter Rates — Pieces More Than 3.3 oz. (0.2063 lb.) <i>Piece rates include \$.230 residual shape surcharge.</i>					I ECR Nonletter Rates — Pieces More Than 3.3 oz. (0.2063 lb.) <i>Piece rates include \$.200 residual shape surcharge.</i>				
None	G1. 3/5	.372 x	_____ pcs. = \$		DBMC	I4. Saturation	.234 x	_____ pcs. = \$	
	plus	.708 x	_____ lbs. = \$			plus	.510 x	_____ lbs. = \$	
	G2. Basic	.428 x	_____ pcs. = \$			I5. High Density	.243 x	_____ pcs. = \$	
	plus	.708 x	_____ lbs. = \$			plus	.510 x	_____ lbs. = \$	
DBMC	G3. 3/5	.372 x	_____ pcs. = \$			I6. Basic	.268 x	_____ pcs. = \$	
	plus	.608 x	_____ lbs. = \$			plus	.510 x	_____ lbs. = \$	
	G4. Basic	.428 x	_____ pcs. = \$		DSCF	I7. Saturation	.234 x	_____ pcs. = \$	
	plus	.608 x	_____ lbs. = \$			plus	.485 x	_____ lbs. = \$	
DSCF	G5. 3/5	.372 x	_____ pcs. = \$			I8. High Density	.243 x	_____ pcs. = \$	
	plus	.583 x	_____ lbs. = \$			plus	.485 x	_____ lbs. = \$	
	G6. Basic	.428 x	_____ pcs. = \$			I9. Basic	.268 x	_____ pcs. = \$	
	plus	.583 x	_____ lbs. = \$			plus	.485 x	_____ lbs. = \$	
Subtotal \$ _____					DDU	I10. Saturation	.234 x	_____ pcs. = \$	
						plus	.453 x	_____ lbs. = \$	
						I11. High Density	.243 x	_____ pcs. = \$	
						plus	.453 x	_____ lbs. = \$	
						I12. Basic	.268 x	_____ pcs. = \$	
						plus	.453 x	_____ lbs. = \$	
G7. Subtract Barcoded Discount .030 x _____ pcs. = \$(_____)					Total — Part I (Carry to front of form) \$ _____				
Total — Part G (Carry to front of form) \$ _____					Total — Part I (Carry to front of form) \$ _____				